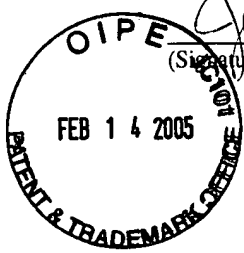


CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA , 22313-1450 on February 11, 2005
Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

(Signature of Person Mailing Paper or Fee)



PATENT APPLICATION
Attorney Docket No. OR00-14201

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)
Vipin Samar) Examiner: Son, Linh L D
Serial No. 09/741,691) Group Art Unit: 2135
Filing Date: December 15, 2000)
Title: METHOD AND APPARATUS FOR DELE-)
GATING DIGITAL SIGNATURES TO A SIG-)
NATURE SERVER)

AMENDMENT TRANSMITTAL LETTER

Mail Stop: AF
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed January 25, 2005.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☒ Petition Requesting Consideration of Information Disclosure Statement Pursuant to 37 C.F.R. § 1.97(d)(2), including
 - ☒ check for \$130.00 as set forth in. § 1.17(i)(1) is included with the payment of the other papers filed together with this statement.
- ☒ Information disclosure statement, form 1449 and 2 references.
- ☒ No additional claims fees are required.

☐ An additional fee is required, and is calculated as shown below:

| AMENDED CLAIMS | | | | | |
|--|---------------|---|--------------|----------|---------------|
| | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADDT'L FEE |
| Total Claims | | MINUS = 20 | 0 | x \$18 = | |
| Independent Claims | | MINUS = 3 | 0 | x \$78 = | |
| If Amendment adds multiple dependent claims, add \$260.00 | | | | | |
| Total Amendment Fee | | | | | |
| If small entity status is claimed, subtract 50% of Total Amendment Fee | | | | | |
| TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT | | | | | \$0.00 |

- ☐ A check in the amount of \$____ is enclosed.
☐ Charge \$____ to Deposit Account No. ____ (Docket No. ____).
☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. OR00-14201).

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Respectfully submitted,

By



Edward J. Grundler
Registration No. 47,615

Date: February 11, 2005